

Rec-PAC/Rec-Quest SCHOLARSHIP APPLICATION

(Please complete a separate form for each child – you will be notified of scholarship decision)

Scholarship requests must be submitted by July 2, 2004

Member Number # _____ (See Parktakes Magazine Mailing Label)
Child's Name: _____ Age: _____ Birthdate: ____/____/____ Grade: _____ (In Fall)

Parent/guardian Name: _____ (print clearly)
Daytime Phone Number: _____ Home Phone _____ Other Phone Number _____
Family address: Street: _____ City: _____ Zip: _____

Number of children in household: _____ Total number of weeks enrolled: _____

My child is currently enrolled in the following public assistance program(s) – Please check all that apply:

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> General Relief | <input type="checkbox"/> Free or Reduced School Lunches | <input type="checkbox"/> Foster Care |
| <input type="checkbox"/> Free or reduced fees for CRS
Community Center Programs | <input type="checkbox"/> TANF (Aid to Dependent Children) | <input type="checkbox"/> Food Stamps |
| <input type="checkbox"/> TANF (Aid to Dependent Children) | <input type="checkbox"/> Other Reason (describe): _____ | |

Program Fee is \$70 per week. Is there any amount of the fee per child, per week you can contribute?

If so, list amount here \$ _____

Amount of scholarship being requested: \$ _____

Name of Caseworker/staff person to verify eligibility: _____ Phone #: _____

CONSENT TO EXCHANGE INFORMATION

I understand that additional information may be required to adequately serve myself/my child, to coordinate services with other agencies, and to verify eligibility for services. By signing this form, I am allowing agencies to exchange information. My child is currently enrolled in a public assistance or other program listed above. I am requesting a scholarship for the Rec-PAC and/or Rec-Quest Summer Program and give my permission for the Fairfax County Public Schools or Department of Family Services to release information verifying my eligibility and permission for Fairfax County Government to determine my eligibility.

Signature of Parent/Guardian: X _____ Date: ____/____/____

WEEKS REQUESTED:

SCHOOLS

REC-PAC

Location: _____

*please see attached brochure for a listing of School locations

Please Check all that Apply:

- ☐ Week – June 28-July 2
- ☐ Week – July 6-July 9 (4 days)
- ☐ Week – July 12- July 16
- ☐ Week – July 19-July 23
- ☐ Week – July 26-July 30
- ☐ Week – Aug 2-Aug 5 (4 days)

Please Forward To:

Rec-PAC,
Fairfax Co. Park Authority,
12055 Gov't Center Pkwy,
Suite 927,
Fairfax, VA 22035-1118
OR Fax to (703)631-2004

COMMUNITY CENTERS

REC-Quest

Location: _____

*Please see attached brochure for a listing of Community Center locations

Please Check all that Apply:

- | | |
|--|---|
| <input type="checkbox"/> Week – June 21-June 25 | <input type="checkbox"/> Week – Aug 2-Aug 6 |
| <input type="checkbox"/> Week – June 28-July 2 | <input type="checkbox"/> Week – Aug 9-Aug 13 |
| <input type="checkbox"/> Week – July 6-July 9 (4 days) | <input type="checkbox"/> Week – Aug 16-Aug 20 |
| <input type="checkbox"/> Week – July 12- July 16 | <input type="checkbox"/> Week – Aug 23-Aug 27 |
| <input type="checkbox"/> Week – July 19-July 23 | <input type="checkbox"/> Week – Aug 30-Sept 3 |
| <input type="checkbox"/> Week – July 26-July 30 | |

Please Forward To:

Rec-Quest,
Fairfax Co. Community & Rec
12011 Gov't Center Pkwy
Suite 1050 (TRS)
Fairfax, VA 22035
OR Fax to (703)222-9788

OFFICE USE:

Amount Approved: \$ _____ Initials of Authorizing Staff: _____ Agency _____ Region: _____